

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/070162** FILING DATE

APPLICANT(S)

CLAIMS

ITEM	FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
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50						
TOTAL IND.						
TOTAL DEP.	6					
TOTAL CLAIMS	9					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS